

Community health worker (CHW) Apple Health (Medicaid) reimbursement FAQ

Community health worker requirements

Do community health workers need certifications or degrees to provide services reimbursable by Apple Health?

No specific degree or certification is required. However, community health workers (CHW) must meet the requirements listed in [WAC 182-562-0400](#) in order to be eligible for reimbursement.

Does training through the HealthierHere program meet the CHW training requirements?

Yes, training completed through programs external to the Washington State Department of Health—such as [HealthierHere](#)—may meet CHW training requirements as long as the CHW's supervisor assesses and verifies their proficiency in the core competencies outlined in WAC 182-562-0500.

Supervisors are responsible for evaluating whether the training adequately prepares the CHW in key areas and may use tools such as the CHW Core Consensus Project (C3 Project) for guidance in assessing competencies. See [CHW Core Consensus Project](#) for competency evaluation resources.

How will supervised hours be tracked or verified?

Supervising providers are responsible for tracking and verifying supervised hours in accordance with [WAC 182-562-0900](#) and [182-562-0800](#), including:

- Clear documentation of time spent under supervision.
- Records of CHW performance, training, and compliance.
- Evidence that supervision aligns with the CHW's roles and scope of practice.

Organizations should implement internal tracking systems such as supervision logs, time sheets, or electronic health record (EHR) integrated notes to ensure hours are well-documented and auditable.

What is the lived experience requirement?

Lived experience is a CHW's firsthand understanding of the challenges faced by the communities they serve. This experience builds trust and helps CHWs relate to clients in meaningful, culturally responsive ways. Examples of lived experience include:

- Navigating public health systems such as Medicaid, WIC, or housing services.
- Managing a chronic condition or supporting a family member through a health issue.
- Experiencing barriers related to language, immigration, incarceration, or homelessness.
- Having roots in a specific cultural, geographic, or faith-based community with shared challenges.

Do CHWs have to work on-site with the licensed practitioner and be employed by the same organization?

No. CHWs do not need to work on-site with the licensed practitioner nor be employed by the same organization. The licensed practitioner must meet the requirements in [WAC 182-562-0800](#) and supervision must be active and documented.

During documentation, do we need to record the location of the CHW and the patient?

Yes. When CHW services are provided via telehealth, documentation must include the location of both the CHW and the client at the time of the service. This is important for verifying compliance with Apple Health telehealth policies and for audit purposes.

In-person services should also reflect the physical service location, such as a clinic, community setting, or client's home. Accurate documentation ensures transparency and supports proper billing.

CHW supervisor requirements

What providers are eligible to supervise for the CHW Apple Health benefit?

A supervising provider must:

- Be enrolled as a provider with a Medicaid agency.
- Be one of the following licensed practitioners:
 - Health care professional
 - Health care entity
 - Supplier
 - Contractor of service
- Meet the requirements under chapter [182-502](#) WAC.

Supervisors are also expected to:

- Understand the specific roles, responsibilities, and scope of practice for CHWs.
- Provide or facilitate training and professional development for CHWs.
- Maintain accurate and thorough records related to supervision, performance, and compliance.

The provider types listed [in the WAC](#) are authorized to supervise CHWs and recommend them for the Apple Health benefit. A more detailed list of eligible supervising providers can be found in [WAC 182-502-0002](#). If your organization's provider type is not included, contact the CHW benefit team for support.

CHWs and individual providers do not submit claims directly. Instead, services are billed under the clinic's National Provider Identifier (NPI).

Does the CHW benefit only apply to clinics?

No, the CHW benefit is not limited to clinics. It is available to other qualifying organizations such as health departments and community-based organizations. Eligibility is based on the type of services provided and the role of the organization.

Billing for services must be submitted by an Apple Health enrolled entity.

Billing and claims submission

Who does the billing for the CHW benefit?

CHWs do not bill Apple Health directly. The clinic or the employing organization bills for CHW services under the appropriate Apple Health codes.

Do CHW services require prior authorization?

No. Prior authorization is also not required for community health integration (CHI) and Principle Illness Navigation (PIN) services when provided via telemedicine or in person.

Do add-on codes require prior authorization?

No, add-on codes do not require prior authorization. These codes are used to account for additional time beyond the initial 60 minutes billed under the primary codes of **G0019 for CHI** and **G0023 for PIN**.

Can codes G0019 and G0022 be billed on the same day?

Yes. Codes **G0022** can be billed on the same day as **G0019** if additional time is needed during the first visit. Both codes must reflect the same date of service on the claim.

Does the patient need to be present for all services billed?

No. Patient presence is not required for all services, including administrative support, care coordination, and referral management. These tasks are covered as part of community health integration (**G0019**) and principal illness navigation (**G0023**) services.

Examples of billable tasks include:

- Coordinating care with community resources
- Reviewing records
- Planning interventions
- Documenting activities
- Communicating with social service providers

These tasks are included in the total time billed if they meet the service scope and documentation requirements. The codes are time-based and designed to capture both direct interactions with the patient and indirect work on the patient's behalf.

What other requirements need to be met to bill G codes?

- The patient must have had an initiating evaluation and management (E/M) or annual wellness visit (AWV) with an identified high-risk condition or unmet social need.
- Consent must be obtained and documented.
- Services must be delivered by CHW under general supervision.
- Time requirements must be met such as at least 60 minutes in a calendar month for code **G0019**.

Do the services have to equal 60 minutes for primary code and 30 minutes for add on?

Yes. The total time limit for the codes must be met for the month to bill. Visits may be split over the course of the month but must equal the time limit associated with code.

How should I document split visits on a claim?

The total time spent across visits will be considered for time requirements. The date of service on the claim should be the date of the first encounter or last encounter depending on the payer's requirements.

Can federally qualified health centers (FQHC) bill under the Apple Health benefit while including CHW salaries in cost-based reporting?

Yes, FQHCs and RHCs may include Community Health Worker (CHW) salaries and related costs in their cost reports, which help determine their encounter rate. However, CHW services themselves are not considered encounter-eligible services under Apple Health, so how they are billed depends on when and how they are provided:

- If CHW services are provided on the same day as an encounter-eligible service (such as an office visit with a licensed provider), the CHW service must be billed on the same claim. In this case, the CHW services are included in the encounter and may be counted as part of the reconciliation process.
- If CHW services are provided on a separate day, when no other encounter-eligible services are delivered, the CHW service must be billed separately using the standard Medicaid fee schedule or the negotiated MCO rate. These standalone CHW services are not considered encounters and should not be included in the reconciliation process.

For additional guidance, see:

- [WAC 182-549-1450\(2\) – FQHCs](#)
- [WAC 182-548-1450\(2\) – RHCs](#)